

**TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT**THIS REPORT COVERS CALENDAR YEAR: 2010☒ ORIGINAL REPORT☐ AMENDED REPORT☐ I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE E.Name of Filer (print full name) Michael Hugh Wainwright  
Address 6032 River Rd.  
City, State, Zip Shreveport, LA 71105Name of Board/Commission (no abbreviations): Caddo-Bossier Port Commission  
Date of Appointment: July 18, 1997  
Date Appointment Expires: January 25, 2011Name of Spouse (print full name) Martha Kizer Wainwright  
Spouse's Occupation School teacher  
Principal Business Address 836 Sewanee Place  
City, State Zip Shreveport, LA 71105**CHECK ONE:**

- ☒ Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties.
- ☐ I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

Check all that apply:

- ☐ I have filed my state income tax return for the previous year.
- ☒ I have filed for an extension of my state income tax return for the previous year.
- ☐ I have filed my federal income tax return for the previous year.
- ☒ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

**Certification of Accuracy**

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.

Michael H. Wainwright  
Signature of Filer

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**☒ Filer ☐ Spouse ☒ Full-Time ☐ Part-TimeName of Employer: selfJob Title: attorneyJob Description: general practice☐ Filer ☒ Spouse ☒ Full-Time ☐ Part-TimeName of Employer: Caddo Parish School BoardJob Title: teacherJob Description: elementary art teacher☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

- You are required to disclose on SCHEDULE A employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

## Schedule B: Income from the State, Political Subdivisions, and/or Gaming Interests

☒ Filer   ☐ Spouse   ☐ Business (where amount of interest exceeds 10%)  
 Type of Income:   ☐ State   ☒ Political Subdivision   ☐ Gaming Interest  
 Name of Business (if applicable): Caddo Parish Communications District #1  
 Name of Income Source: Legal fees from  
 Address: 1144 Texas Ave.  
 City, State, Zip: Shreveport, LA 71101  
 Amount of Income (exact dollar amount): \$ 20,472

☐ Filer   ☒ Spouse   ☐ Business (where amount of interest exceeds 10%)  
 Type of Income:   ☐ State   ☒ Political Subdivision   ☐ Gaming Interest  
 Name of Business (if applicable): \_\_\_\_\_  
 Name of Income Source: Caddo Parish School Board  
 Address: Midway  
 City, State, Zip: Shreveport, LA 711  
 Amount of Income (exact dollar amount): \$ 48,742

☐ Filer   ☐ Spouse   ☐ Business (where amount of interest exceeds 10%)  
 Type of Income:   ☐ State   ☐ Political Subdivision   ☐ Gaming Interest  
 Name of Business (if applicable): \_\_\_\_\_  
 Name of Income Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer   ☐ Spouse   ☐ Business (where amount of interest exceeds 10%)  
 Type of Income:   ☐ State   ☐ Political Subdivision   ☐ Gaming Interest  
 Name of Business (if applicable): \_\_\_\_\_  
 Name of Income Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE B if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) *political subdivision, gaming interest, and business* are found in the *Instructions Section* of this form.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**SCHEDULE C: POSITIONS - BUSINESS**☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 40 %Name of Business: LeBossier Travel Plaza, L.L.C.Address: 4100 IndustrialCity, State, Zip: Bossier City, LA 71111Business Description: Truckstop with videopokerNature of Association: own 40% interest☐ Filer ☒ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 33 1/3 %Name of Business: Kizer TrustAddress: 6032 River Rd.City, State, Zip: Shreveport, LA 71105Business Description: family trustNature of Association: owns 1/3 of Trust / other 2/3 owned by sisters☐ Filer ☐ Spouse ☐ Both

Amount of Interest (amount exceeds 10%): \_\_\_\_\_ %

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (amount exceeds 10%): \_\_\_\_\_ %

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

\* You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule D: Positions – Nonprofit**☒ Filer ☐ SpouseName of Organization: St. James Episcopal ChurchAddress: 2050 Bert KounsCity, State, Zip: Shreveport, LA 71108Nature of Association: Member & Vestry BoardDescription of Organization: Episcopal church☐ Filer ☒ SpouseName of Organization: St James Episcopal ChurchAddress: 2050 Bert KounsCity, State, Zip: Shreveport, LA 71108Nature of Association: MemberDescription of Organization: Episcopal Church☒ Filer ☐ SpouseName of Organization: Louisiana State Bar AssociationAddress: 601 St. Charles Ave.City, State, Zip: New Orleans, LA 70130-3404Nature of Association: professional associationDescription of Organization: state lawyer association☒ Filer ☐ SpouseName of Organization: Shreveport Bar AssociationAddress: 401 Market St #950City, State, Zip: Shreveport, LA 71101-3254Nature of Association: professional associationDescription of Organization: metropolitan lawyer association

\*You are required to complete SCHEDULE D if you or your spouse is a director or officer of a nonprofit agency.

# **Schedule F: Contributions** (Made within one year of appointment - in excess of \$1,000)

Date of Appointment: <u>July 18, 1997</u> Compensation: \$ <u><del>5000</del></u> Candidate Name: <u>Keith P. Hightower</u> Amount of Contribution and/or Loan: \$ <u>&gt; \$1000*</u> <u>made contributions in excess of \$1,000 to Hightower's 1998 mayoral campaign</u> <u>No longer have these records for precise amount. Appointed by Mayor Williams.</u>
Date of Appointment: _____ Compensation: \$ _____ Candidate Name: _____ Amount of Contribution and/or Loan: \$ _____
Date of Appointment: _____ Compensation: \$ _____ Candidate Name: _____ Amount of Contribution and/or Loan: \$ _____
Date of Appointment: _____ Compensation: \$ _____ Candidate Name: _____ Amount of Contribution and/or Loan: \$ _____

- \* You are required to complete SCHEDULE F if you are appointed to a state board or commission and subject to annual financial statements as required by 42:1124.2.1 and you made a contribution in excess of \$1,000 to the campaign of the official who appointed you.
- \* You are only required to disclose contributions or loans made within one year of appointment.
- \* "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.
- \* "Public Office" means any state, parish, municipal, ward, district, or other office or position that is filled by election of the voters, except the president or vice president of the United States, presidential elector, delegate to the political party convention, U.S. Senator, U.S. Congressman, or a political party office.
- \* "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.
- \* "Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.